

Paper 6

<p>Recommendation</p> <p><input checked="" type="checkbox"/> DECISION</p> <p><input checked="" type="checkbox"/> NOTE</p>	<p>Trust Board is asked to note the work that has been undertaken within the Emergency Department Implementation Programme since the decision was made on 27th September 2018 at Trust Board to work towards reducing the hours of operation of Princess Royal Hospital Emergency Department.</p> <p>Taking the learning from other systems that have undertaken this process, and recognising the complexity of the project, the requirement to review some options following feedback from the Clinical Senate, time constraints related to accessing the key individuals to partake in the macro-simulation exercise that tests SOPs and pathways, and the availability of the supporting project team, it is proposed that the team work towards an implementation date of 5th December 2018.</p> <p>A further report will be provided to the November Quality & Safety Committee to provide the appropriate level of assurance; and a paper will be provided to the November Trust Board for a final decision to commence implementation.</p>
<p>Reporting to:</p>	<p>Trust Board</p>
<p>Date</p>	<p>25th October 2018</p>
<p>Paper Title</p>	<p>Emergency Department Implementation Plan</p>
<p>Brief Description</p>	<p>The purpose of this paper is to provide Trust Board with an updated position regarding key services that have particular workforce challenges.</p>
<p>Sponsoring Director</p>	<p>Nigel Lee, Chief Operating Officer</p>
<p>Author(s)</p>	<p>Karen Barnett, Assistant Chief Operating Officer</p>
<p>Recommended / escalated by</p>	<p>n/a</p>
<p>Previously considered by</p>	<p>Trust Executive Committee Quality & Safety Committee</p>
<p>Link to strategic objectives</p>	<p>SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm</p> <p>SAFEST AND KINDEST - Deliver the kindest care in the NHS with an embedded patient partnership approach</p> <p>VALUES INTO PRACTICE - Value our workforce to achieve cultural change by putting our values into practice to make our organisation a great place to work with an appropriately skilled fully staffed workforce</p>
<p>Link to Board Assurance Framework</p>	<p>(RR 561) (RR 668) (RR 859)</p>

Equality Impact Assessment	<ul style="list-style-type: none"><input type="radio"/> Stage 1 only (no negative impacts identified)<input checked="" type="radio"/> Stage 2 recommended (negative impacts identified)<ul style="list-style-type: none"><input type="radio"/> negative impacts have been mitigated<input checked="" type="radio"/> negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	<ul style="list-style-type: none"><input checked="" type="radio"/> This document is for full publication<input type="radio"/> This document includes FOIA exempt information<input type="radio"/> This whole document is exempt under the FOIA

Update on the Emergency Department Implementation Programme – Reduction in hours at Princess Royal Hospital, Telford

Purpose of the Report:

This paper has been developed to provide an update regarding the continuing work to address the significant challenges faced by the Accident and Emergency Department at Shrewsbury & Telford Hospital NHS Trust (SaTH)

The paper describes the programme governance structure that has been put in place to deliver the changes required for safe implementation of the decision made at Trust Board on 27th September regarding reducing the hours at Princess Royal Hospital.

In addition, the paper describes the risks and issues that have been identified to date, along with the additional requirements identified by the independent Clinical Senate that was held on 17th October 2018.

Summary/Key Points:

- A governance structure is in place and involves a range of internal and external stakeholders.
- Regular updates are provided to regulators in a range of forums – NHSI telephone calls each week, NHSI Assurance visit, Clinical Senate review
- National and international recruitment continues to be pursued to attempt to address the capacity gap in the Emergency Department.
- The Care Group continue to work with medical agencies, to find agency and locum medical and nursing staff to support the rota within the Emergency Department in order to keep both ED's running safely overnight.
- The medical team remain concerned about the safety of a potential middle grade medical rota relying on locum / agency doctors.
- The nursing workforce continues to be challenged with sickness and vacancies requiring significant agency fill through October.
- The clinical pathways for each presentation requires further work prior to sign off.
- The Clinical senate held on 17th October 2018 listed 10 areas that require additional focus.
- NHSI are supporting the project team and have requested additional focus on a number of key areas.
- The implementation date needs to be agreed based on the following:-

- Clinical pathway sign off
- Access to resources for mitigation of risks – ambulances, access to alternate ED at neighbouring Trusts

The Trust Board is asked to

- note progress of the project to date and acknowledge the implementation plan, risk register and project issues log

REPORT TO TRUST BOARD – 25th October 2018**Introduction**

An implementation programme has been developed to ensure appropriate governance and action is undertaken in relation to the planned change in service provision of PRH ED following the decision at SaTH Trust Board on 27th September 2018 that it was not sustainable to maintain two 24 hour Emergency Departments.

Current working assumptions

- ED provision at PRH is to be available between 0800 and 2200 – we will monitor impact on staffing rotas through the initial weeks to ensure that we can safely staff the facility adequately whilst patients are in the department.
- Process for GP admissions via 111 and direct to AMU continues on both sites
- Direct access pathways are being developed for the following presentations:-
 - FAST +ve patients identified by the ambulance service will be conveyed to AMU at PRH for assessment and stroke pathway
 - Cardiology patient pathway is being discussed between Cardiology/Emergency Department/Acute medicine and WMAS
 - Direct access to the gynaecology ward at PRH is being developed as long as 2 beds can be ring-fenced for an assessment area
 - Direct access to PRH CDU for paediatric patients who have been referred by their GP, for those patients that have a long term condition and are known to CDU and those patients that are post-operative within 48 hours of operation.
 - Direct access to PRH AMU for GP referrals
 - Direct access for maternity services as currently happens now
 - Patients that are conveyed by ambulance and would have normally been conveyed to PRH will be taken to RSH for the following presentations
 - Mental Health patients where their reason for conveyance is directly linked to their mental health condition
 - Patients presenting with hip pain following a fall with potential #neck of femur
- Ambulances that would have normally conveyed patients to PRH A&E (except the patients with presentations that have been described above) will be diverted away from PRH to neighbouring Trusts. Pathways for each specific condition are being developed to clarify where patients would be conveyed to.
- Extended UCC services will see patients at PRH up to midnight.
- Patients that are in ED at 22:00 will be assessed and treated as usual. If no admission is required a “Decision to Admit” will be made in the usual way. If no bed is immediately available the patient will remain in ED until a bed is available.
- A Middle Tier ED doctor will remain on PRH site until 0200. ED SHO will remain in ED until 0200. Nursing staff will remain in ED until all patients have been discharged or admitted to a ward. Medical responsibility for patients still in ED after 0200 will revert to the medical on call middle tier doctor.
- A&E at PRH will re-open and be ready to accept ambulance and self-presenting patients from 8:00
- Patients that have been admitted to another hospital and are expected to have a stay of longer than 48 hours will be repatriated to the appropriate speciality in SaTH.

- Children that are conveyed by ambulance to neighbouring Trusts will be seen and treated and then transferred back to PRH for admission.
- The existing repatriation concordat is being used as a base process which will ensure continuing collaboration with neighbouring Trusts to enable effective repatriation of adult patients.

Workforce

The Trust continues its effort to recruit to all posts within the Emergency Department (ED), over the last month this has included

- A visit to the Indian Consulate to further explore opportunities to appoint from overseas.
- Adverts are currently placed for Speciality Doctors, Simulation Fellows, Consultants and Nurses for ED.
- Work continues with Health Education England (HEE), an advert is expected next week.
- HEE have committed to an early view of the February rotation to support workforce planning.
- Work continues with a range of agencies regarding temporary staffing solutions.
- In partnership with Wolverhampton University the development of a fellowship programme is close to completion.

Mobilisation

The project team has been constituted and is in place providing structure, assurance and governance for all aspects of the project work. The implementation plan, risk register and issues lists are maintained by the project team and are discussed in further detail in the report.

Internal working groups meet on a weekly basis and are attended by the care group leadership team and internal support functions to update on progress, review and resolve the risks and cross care group issues.

In order to provide the Trust Board with a level of assurance concerning the decision to proceed to the proposed timeline and implementation date, a series of formal “Go / No Go” criteria has been developed for each workstream which will be reportable to and formally overseen by the Implementation steering group, reporting to the Quality & Safety Committee.

Governance

A governance structure has been put in place to ensure all aspects of the change in service delivery is managed effectively, shown at Figure 1.

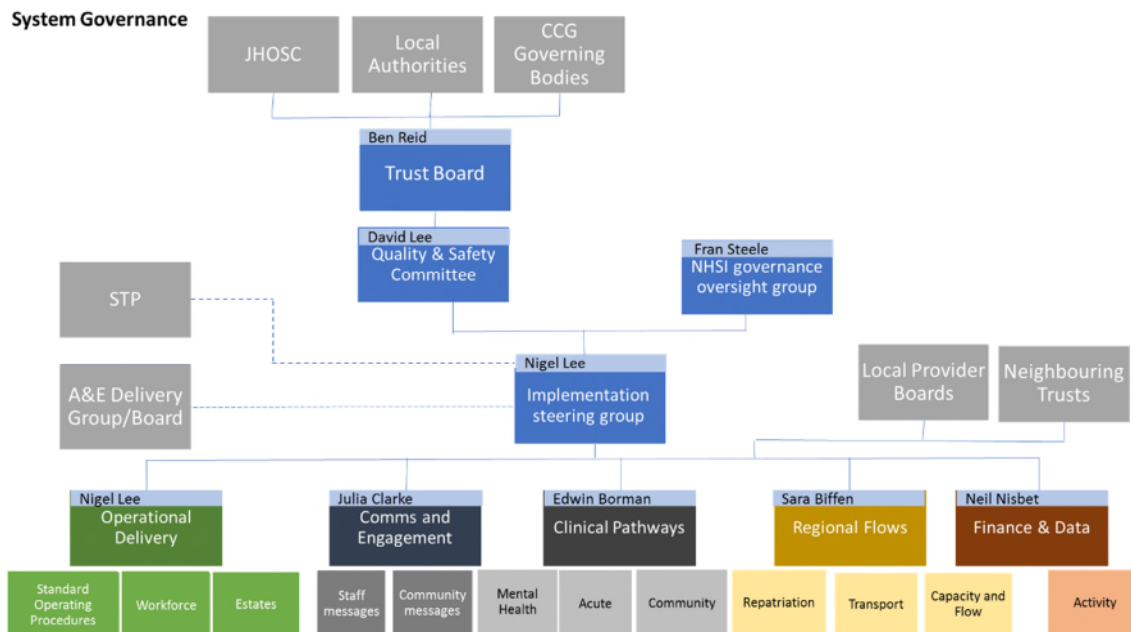


Figure 1

Each working group is chaired by an Executive Director, with task and finish groups focusing on specific pieces of work and feeding back to the weekly working group. The Implementation steering group meets weekly.

Each working group, task and finish group and steering group has a multi-agency membership including neighbouring Trusts, commissioners, Ambulance services (WMAS and WAST), Local Authorities, local provider organisations (community and mental health). The communications and engagement group has a wide membership of all of the above, plus patient group and local Healthwatch/CHC.

Risk register

The project risk register has been created, the score for each risk has been validated by the Director of Nursing, Midwifery and Quality to ensure parity and continuity with existing Trust Risk and Governance practice, a copy of the register is included in Appendix 1.

In summary:

- At the commencement of the project, a total of 53 risks have been identified, 25 of which are currently rated as red, with 11 of the 25 risks scoring 20 or above
- Mitigations against each of the risks have been identified. If these mitigations can be implemented then the number of risks that would continue to have a red rating will be 1 - this risk will have a reduced score (from 25 to 16) once identified mitigations are in place and relates to the medical and nursing workforce.
- Further mitigations to arrive at the best possible score for each risk have been identified, which identify that if all mitigations are put in place, this score is considered the best possible risk mitigation.

The project risk register has a clear inter-relationship with both the Care Group and the Corporate risk registers.

It is worthy of note that the care group and corporate risk scores differ in scoring against each of the risks identified as the impact changes in relation to wider issues as the scale broadens. The likelihood is also affected, but to a lesser degree

Implementation Plan

The formal, strategic implementation plan is in place, maintained by the project team for each working element of the project structure. The action plan is shared on a weekly basis with colleagues at NHSI in order to inform the wider health system of the actions and progress of actions. A copy of the implementation plan is included in appendix 2 for information

There are, at the time of writing, 64 individual actions; each action has been allocated to the relevant workstream to ensure that appropriate tracking of actions is undertaken via the relevant working group chair.

Additionally, all relevant risks, mitigations and impact of costs in relation to the Trusts financial position will be cross referenced to the risk register in order to “close the loop” in terms of governance and assurance.

Issues tracking

Issues have been collated from staff engagement and feedback, internal working groups and wider health system partners to ensure that all concerns and issues are documented and followed up to ensure completeness and provide assurance to the Board and external partners/stakeholders that all issues are being addressed as part of the project.

Appendix 3 details the 108 individual issues identified and detailed on the tracker. Duplications of issues are detailed and referenced together to ensure that the issues remain manageable, whilst remaining visible to the Board and external stakeholders.

Measuring Impact

Proposed Approach and aims

It is proposed to use a small number of key metrics drawing as much as possible on data already being collected by services, which is also then triangulated with other sources of information, in order to

- Understand the impact of any change on activity and patterns of demand,
- assure the safety of care and manage risks,
- understand gaps in expected delivery, the reasons for these gaps and be assured on the remedial action being taken or where further action is required,
- inform future planning by contributing relevant information to the Trust Board

Proposed Methods of Assurance

Data will be reported against the following metrics across all providers to ensure a complete picture is understood:-

- Patients conveyed and received against expected trajectory – RAG rated
- Patients seen/treated
- Length of stay

The above Information will be reported to the Implementation steering group by exception against an agreed trajectory with narrative on reasons/action taken where necessary, plus

- Numbers not seen including reasons and actions taken,
- Number seen at RSH A&E reporting all admissions,
- Numbers seen during opening hours at PRH A&E
- Numbers accessing transport,
- Number of repatriated patients,
- Length of stay of patients (total LOS plus at each hospital if repatriated)
- Any Serious Incidents,
- Number and reason for complaints, PALS,
- Adequacy of staffing numbers, skills, rota cover etc.,
- One off formal confirmation statement that processes are agreed and in place e.g. Clinical and Operational pathways,
- Use of Issues tracker and Risks Log to include capturing any new and emerging gaps.

Working Group Updates

The governance structure, consisting of working groups and specific sub-groups, is shown at figure 1.

Implementation steering group: This group is in place to ensure that a robust plan is developed and that all internal and external plans have been completed, risks have been clearly articulated and mitigated and that any residual risks are articulated to the Quality & Safety Committee, the committee which has delegated authority to approve the Implementation.

The steering group meets weekly on a Monday afternoon and reviews progress from each of the working groups, reviews the implementation plan, risk log and issues log. This group escalated any concerns to the weekly Executive meeting and any system issues are discussed at the A&E delivery group and through to the A&E Delivery Board

Clinical Pathways: This group is in place to design safe effective clinical pathways for services that are impacted by the change in ED service delivery overnight. This includes ensuring that there is good clinical communication between teams at different hospitals, that the receiving hospital has all the clinical information they need to manage patients that they see, particularly if they have previously been a patient at an alternative hospital. Each pathway will require a detailed Quality Impact assessment to ensure that the safest pathways are put in place for each presenting condition.

The group meets weekly on a Monday afternoon. There is a large group of clinical representatives from all affected specialties that are members of this group. Task and finish groups have been set up to focus on community pathways to prevent attendance or admission, mental health pathways to provide clarity about conveyance and treatment for this group of vulnerable individuals and acute pathways.

A sign off process has been built in so that all pathways and Quality Impact Assessments have internal SaTH, neighbour, ambulance and CCG sign off.

Pathway at sign off stage are:-

- Stroke
- General Medicine
- Surgery
- #NOF
- Gynaecology
- Obstetrics
- Mental Health
- CAMHS
- End of Life
- Paediatric direct access for GP/long term conditions/recently discharged children

Pathways that require further work due to clinical risk identified:-

- Head and neck
- Paediatric emergencies
- Cardiology

Operational delivery: This group is in place to ensure there are robust Standard Operating procedures (SOPs) in place to manage the effective transition from a 24 hour ED at PRH to 12 hour ED at PRH – including closing processes, opening processes, staffing and rotas for the closed and open ED, estate management, facilities management, impact assessment and management of impact in other services (e.g. AMU/Stroke/Paediatrics/pharmacy/pathology/porters/transport/security)

This group meets weekly on a Thursday morning and involves clinical and operational teams from all care group and corporate services that are impacted by the change in service delivery. Task and finish groups have been set up to undertake detailed work around Estates, workforce and Standard Operating Procedures.

Once the SOPs are in place they will be signed off by the Implementation Steering Group. A policy document has been developed for sign off and will be available for operational and clinical teams to refer to during implementation.

Regional Flows: This group is in place to ensure that all external partners have accurate information to support their response to the PRH ED overnight change in service and to ensure that partners' responses can manage the level of demand required. This includes neighbouring Trusts, community providers, Ambulance Trusts and Local Authorities.

This group meets weekly on a Wednesday evening and involves a broad range of partner organisations. Three task and finish groups have been set up to undertake specific detailed work around transport, repatriation and flow. The work is dependent on having

access to the Care pathways so further work will be required of this group once care pathways are available.

Communications & Engagement: This group is in place to ensure that staff, patients and the wider community have the opportunity to be involved in the planned change in service of PRH ED overnight; and that consistent, widespread communication is delivered to the whole community on where to go for emergency treatment at night.

This group meets weekly on a Tuesday morning and the membership is particularly broad to ensure all stakeholders have the opportunity to be involved and engaged in the work. This includes patient groups, Healthwatch, Community Health Council, 3 Local Authorities, Powys Health Board, 2 CCG's, other providers, NHS England, NHS Improvement and the STP.

Finance and data: This group is in place to review and update the impact of the change in relation to financial implications within the organisation and across the wider system.

This group meets weekly on a Friday morning and the membership includes SaTH and CCG colleagues so that the wider financial impact of the service change can be understood across the system.

This group will also support the development of metrics so that the impact of the change in service can be closely monitored.

Key areas of focus

The project team have a number of key areas of focus over the next two weeks that require resolution, and which will further inform the process, namely;

Clinical pathways: Clarification, agreement and sign off of all changed clinical pathways to ensure that patients are managed in a safe, clinically appropriate and timely manner.

Activity and demand: Clarification and agreement, both internally and externally, of all proposed demand estimations. Obtain agreement of all partners in a potentially highly pressured and locally political environment.

Patient Repatriation and transport: Clarification and agreement of the repatriation and transport standard operating procedures and policies to ensure that patients are managed in a safe, clinically appropriate and timely manner.

Activity and demand: Clarification and agreement, both internally and externally, of all proposed demand estimations. Obtain agreement of all partners in a potentially highly pressured and locally political environment.

Workforce: To have developed appropriate workforce plans for medical, nursing and management staff and gain assurance that the developed workforce plan is sustainable within the proposed new service model.

Scenario Testing: To undertake a macro-simulation exercise to ensure the readiness of readiness of SOP's and clinical pathways. The exercise is scheduled for 14th November 2018.

Recognising the impact that any reduction in hours has on partner organisations. The Trust is undertaking further work on;

- The Emergency Department at PRH remaining open until 2200 and the consequent medical and nursing staffing requirement
- To enable patients with minor injuries/illnesses to continue attending PRH site until midnight
- Investigate the potential for extended hours for out of hours GP led services
- To review care pathways with a view to as many direct access opportunities within SaTH to be available, reducing the need for patients having to attend neighbouring organisations

Further assurance is required on these elements and is currently being worked through.

Clinical Senate

A clinical senate panel meeting was held on 17th October 2018. The purpose of the panel was as follows:-

- a) Does the Senate agree that, on balance, the proposed change in service delivery of ED at Telford PRH provides a safe and clinically effective model of care for patients?
- b) Are there any improvements the Senate can suggest on the proposed model of implementation that can mitigate risk to the patients, such as flow, planned protocols and the provision of alternative community urgent care provision?
- c) Assess that the proposals comply with national and local guidance and strategy?

The scope of the review is restricted to the proposed overnight change in service of PRH Telford ED on clinical safety grounds and an assessment of the options for redistribution of ED attendances and resultant emergency admissions from PRH, Telford by catchment area and volume. The terms of reference for the Clinical senate can be found at Appendix 4.

A body of evidence was provided to the panel, membership of which included clinical and operational leaders from CCG's, NHS providers and social care who have experienced similar challenges as well as independent senior clinicians from Health Education England and NHS England.

The initial feedback from the senate meeting overall was supportive of an overnight closure. There was recognition of the substantial work that has been undertaken prior to the decision being made at Trust Board, and subsequent to the decision. There are 10 areas of further evidence required to satisfy the panel that the above questions can be satisfactorily answered.

These are as follows:-

- Assurance from Royal Wolverhampton Trust (RWT) on their capacity and plans and a clinical view from RWH that the pathways that are developed are appropriate.
- Rationale for the initial option to reduce services from 2000 vs some other models which close at 2200.

- The staffing and capacity plan for PRH ED and AMU overnight, given expectation for some patients to still be in ED after midnight
- The staffing and capacity plan for RSH overnight
- Further detail on escalation plans for RSH site, given potential surges in demand.
- Further assurance required from HEE on continued provision and training status
- Further assurance on the repatriation process and confirmation that all stakeholders are involved.
- Further information on the specific communications plans to the public
- Further detail on WMAS plans to accommodate the changes and assurance that they can meet the timescale we are working to
- Further update on site to site flexibility and constraints

At the time of writing this report, only initial verbal feedback had been provided. A formal feedback letter from the Clinical Senate is expected early in the week beginning 22nd October. An action plan and evidence is being collated in order to respond in a timely manner to the above. The response will be shared with the Quality & Safety Committee.

Timeline and Implementation Date

A timeline which includes a proposal of implementation date has been developed, a copy of which is included in Appendix 5 for information.

We need to factor in further review and consideration of the points made by our regulators and the Clinical Senate to determine if there are additional actions that can be undertaken to mitigate the impact on patients and our local community.

There are key milestones that are required to be completed prior to a safe implementation:-

- Care pathway sign off by clinical teams, medical leadership and system leadership
- Estates provision within RSH Emergency department to manage additional demand
- Repatriation process agreed and signed off with appropriate transport arrangements contracted and available
- A full macro-simulation exercise with all key stakeholders to robustly test the plans

Taking the learning from other systems that have undertaken this process, and recognising the complexity of the project, time constraints related to accessing the key individuals to partake in the macro-simulation exercise that tests SOPs and pathways, and the availability of the supporting project team, it is proposed that the Board consider an implementation date of 5th December 2018. A further paper will be provided to the Quality & Safety Committee and Trust Board in November that will aim to provide assurance that services are ready and that implementation can commence safely on this date.

Further it is proposed that a midweek implementation date provides the Trust with the safest day of the week, operationally, to commence the reconfigured service, allowing for the previous weekends activity to have been managed and the service to have been operational for a number of days prior to the following weekends demand on the system.

Conclusion

Whilst there has been a considerable amount of work done to date, there continues to be a significant amount required prior to a safe reduction in hours at PRH Emergency Department.

Owing to the complexity of the project, there are a number of issues to consider when determining the implementation timescale,

October

- School half term

November

- Time constraints related to the ability to run a full table top exercise that tests SOPs and pathways
- The availability of the supporting project team
- Board meeting on 29th November

December

- The first mid-week date following the November Trust Board meeting is Wednesday 5th December

It is therefore proposed that the project team work towards an implementation date of 5th December 2018.

The Trust Board will be required to provide final sign off, at the meeting, to confirm that they are assured that everything is in place for the implementation of a safe change in service.

Appendices:-

Appendix 1: Risk Register

Appendix 2: Implementation Plan

Appendix 3: Issues tracker

Appendix 4: Timeline

Appendix 5: Clinical Senate Terms of Reference

ED Project - Risk Log

Updated 19th October 2018

Version - 5.0

UID	Risk	Risk	Risk Assessment			Mitigation	Key Due Date	Lead	Likelihood Impact Risk Rating			Maximum mitigated score				
			L	I	RR				L	I	RR	Mitigation	L	I	RR	
Clinical																
1	Medical workforce has a high proportion of Locum staff	High percentage of workforce are locum or agency who may opt to leave service with no notice period	5	5	25	1) Consultants continue to "act down" or increase level of remote on call in order to provide cover if required. 2) Recruitment of substantive staff.	19 October 2018	Deirdre Fowler / Edwin Borman	4	4	16	1) Percentage of Locums within workforce to be reduced to manageable levels. No prospect however of all vacancies being filled with substantive workforce due to continuing national shortage of Pediatricians	3	4	12	
2	Pathway changes create confusion	Referral pathways may not be clear to clinicians due to any change of service	5	5	25	1) Pathways to be analysed to ascertain if any changes to existing pathways are required as a result in change to service. 2) SaTH will need to demonstrate that they have implemented and communicated pathways and referral protocols across all sites. 3) Confirm MDT scheduling ensures attendance at all MDTs by Consultants to sign off any changes to pathways.	15 October 2018	Edwin Borman	3	3	9	1) Complete patient pathways which reflect safe and sustainable service provision, 2) MDT agreement that pathways are safe and sustainable	1	2	2	
2	Service will not be safe or responsive	2.1	Risk to sustainability of a safe service.	4	5	20	Changed service arrangements in place via revised pathways and resources where available to ensure a safe and sustainable service	19 October 2018	Nigel Lee	4	3	12	Pathways in place and working	2	2	4
		2.2	EDs patient who become acutely unwell would not have access to review and advice from a clinical senior decision maker 24/7 365	3	3	9	1) Provision of proposed pathway for patients who become unwell. 2) ED to confirm the support they need from clinicians from each specialty to ensure a safe service	15 October 2018	Edwin Borman	3	3	9	Pathways in place and working	2	2	4
		2.3	ED experiences unplanned attendances which require an overnight bed which results in capacity issues and performance breaches	4	4	16	1) SaTH to confirm that they have plans in place to prevent increased unplanned A&E attendances which require an overnight bed due to the closure of the PRH ED overnight. 2) Confirmed and agreed escalation processes and action cards	19 October 2018	Nigel Lee	3	3	9	1) Inclusion in Trust capacity operational plan 2) Winter plan to reflect changes in demand at both RSH and PRH due to change in model.	2	2	4
3	Future viability of service	24/7 ED at PRH will no longer be viable	3	5	15	Changed service arrangements in place via revised pathways and resources where available to ensure a safe and sustainable service	19 October 2018	Nigel Lee	3	3	9	Long term STP plan to ensure that service at PRH is maintained and planned for.	2	2	4	
4	Timescales	Insufficient time to safely implement new service configuration	3	5	15	Ensure that medical and nursing rotas and pathways are agreed by 31/10/18	19 October 2018	Deirdre Fowler / Edwin Borman	3	4	12	Ensure that rotas and pathways are sustainable and future proof.	2	2	4	
5	Unclear and inconsistent referral pathways	5.1	Patients pathways not clear from start of overnight closure	3	4	12	Definition of pathways and agreement with all specialties in relation to patients to be discussed and agreed at pathway meeting.	15 October 2018	Edwin Borman	3	4	12	Changed pathways in place and working	1	2	2
		5.2	Change / increased complexity of transfer of care from PRH to RSH may lead to confusion for staff and patients.	3	2	6	Need to confirm that adequately defined and agreed process for both sites has been implemented	19 October 2018	Nigel Lee	2	3	6	Operational with both sites working to the defined safe standard across all specialties for all patients	1	2	2
		5.4	Lack of transport solution in relation to transition of patients from PRH to RSH	3	4	12	Transport solution to be developed and implemented before go live	19 October 2018	Nigel Lee	2	3	6	Patient transport solution in place and active from go live	1	2	2
6	Clinical relationships	Potential that any poor relationships between PRH and RSH could impact on service delivery	3	2	6	Oversight group facilitates and monitors effective collaboration between sites	26 October 2018	Nigel Lee	2	3	6	Oversight group ceases and management of operation reverts to business as usual.	1	2	2	
Operational																
7	Risk that standards could deteriorate	Change in service provision and practice could have a detrimental short term effect on maintaining standards.	4	4	16	Oversight group to monitor compliance with standards and oversee the development and implement of any RAPs	02 November 2018	Nigel Lee	3	4	12	Oversight group ceases and management of operation reverts to business as usual.	1	2	2	
9	PRH / RSH does not have adequate staffing	9.1	Nursing staff	4	5	20	Off duty produced for a period of 3 months. Potential that some risk exists in being able to open all beds at both sites due to ability to obtain an increased number of nursing staff.	19 October 2018	Deidre Fowler	3	5	15	Off duty in pace with no gaps and any sickness covered, business as usual stance	2	3	6
		9.2	CNS	3	5	15	SaTH to confirm adequate staffing levels or recruitment plans	19 October 2018	Deidre Fowler	2	5	10	No further mitigations	2	5	10

9	adequate staffing levels to mobilise the contingency plan	9.3 Health Care Assistant	3	5	15	SaTH to confirm adequate staffing levels or recruitment plans	19 October 2018	Deidre Fowler	2	5	10	No further mitigations	2	5	10
		9.4 Consultants and other grades of medical staff	4	5	20	Recruitment of medical staff at all grades to continue.	19 October 2018	Edwin Borman	2	5	10	Full compliment of medical staff is unlikely given national staffing levels and national recruitment issues.	2	3	6
		9.5 Administrative	2	5	10	SaTH to confirm adequate staffing levels or recruitment plans	26 October 2018	Victoria Meher	2	2	4	No further mitigations identified	2	2	4
10	Physical Space	10.1 Capacity to accommodate demand resulting from change in service configuration at RSH	2	5	10	Demand and capacity model data being validated	19 October 2018	Nigel Lee	2	5	10	Demand and capacity managed as business as usual	1	2	2
		10.2 Capacity to accommodate demand resulting from change in service configuration at PRH	2	5	10	Demand and capacity model data being validated, indications that sufficient beds are available at both sites to accommodate patients.	19 October 2018	Nigel Lee	2	5	10		1	2	2
		10.3 Head & Neck - potential to loose capacity in theatres through relocated services.	3	4	12										
11	Patients will have difficulty accessing services if resident in Telford	11.1 Some patients will have to travel further to RSH or alternative hospitals	5	2	10	If the patient requires a nurse to accompany them on this transfer, this will further impact on nurse staffing levels at the both sites	26 October 2018	Nigel Lee	5	2	10	Nursing off duty may be able to provide qualified staff, but this is not assured.	2	2	4
		11.2 Patient Journey to PRH is more difficult due to transport links.	4	4	16	1) Patients and families with low incomes may have to reply on charitable means of transport to get to an alternative hospital. 2) Patient choice may indicate preference, due to transport, of patients being referred to neighbouring Trusts.	26 October 2018	Nigel Lee	3	3	9	No further mitigations identified	3	3	9
12	Recruitment and retention of nursing staff	12.1 Retention of Nursing staff to continue to work at SaTH if service becomes unattractive	3	5	15	Positive recruitment campaign to assure quality training and care provision in non in-patient setting.	02 November 2018	Deidre Fowler	2	5	10	No further mitigations identified	2	2	4
13	Staffing	13.1 Staffing rotas for both ED medical and nursing staff created to enable service provision post November 2108	5	5	25	1) Moving medical and nursing staff to a consolidated site at RSH overnight requires a re-write of rotas and on call arrangements.	02 November 2018	Deidre Fowler	4	3	12	Revised rotas, off duty and on call in place	2	2	4
14	Pathway and referral processes	13.2 Pathways and referral processes in place at consolidated site	5	5	25	1) Pathways to be analysed to ascertain if any changes to existing pathways are required as a result in change to service. 3) Requirement to demonstrate that pathways and processes can be implemented and communicated.	19 October 2018	Edwin Borman	3	3	9	Pathways agreed and in place	1	2	2
15	Communications plan	13.3 Communications plan reflecting emergency	5	5	25	1) New communications strategy and plan to be devised and implemented 2) Key stakeholders, both internal and external, to be engaged 3) Media strategy to patients, families and general public to be initiated	26 October 2018	Nigel Lee	3	3	9	1) Comms strategy deployed 2) Patient and staff survey report positive results.	1	2	2
	Recruitment and	16.1 Retention of Consultants to continue to work at PRH if service becomes unattractive	5	5	25	1) Potential of creating a site operating with less pressure than RSH which could facilitate an environment that is conducive to consolidation of learning. 2) Positive recruitment campaign to assure quality training and care provision in non in-patient setting.	26 October 2018	Edwin Borman	3	3	9	No further mitigations identified	3	3	9

16	Recruitment and retention of medical staff PRH	16.2	Recruitment of new staff to SaTH may become problematic	4	4		Positive recruitment campaign to assure quality training and care provision in non in-patient setting.	02 November 2018	Deirdre Fowler / Edwin Borman / Nigel Lee	3	4		No further mitigations identified	3	3	
		16.3	Retention of newly recruited surgeons as the service changes / relocation changes service provision.	3	4	12	Continual communications, engagement sessions and staff engagement to ensure that any changes are communicated with efficacy.	02 November 2018	Edwin Borman	2	3	6	No further mitigations identified	3	3	9
17	Rehab patients		Bed capacity for rehab patients / unable to move rehab patients into community setting	4	4	16	1) Capacity team modelling and SOPs in place. 2) Metrics 3) Twice daily ward huddles / SAFER Bundle	02 November 2018	Nigel Lee	2	2	4	No further mitigations identified	3	3	9
18	Repatriation of patients		Repatriation of patients does not / cannot happen due to lack of capacity	4	4	16	1) Repatriation processes in line with local health system concordat (48hrs repat). 2) Dedicated transport solution to be put in place	02 November 2018	Nigel Lee	2	3	6	No further mitigations identified	3	3	9
lh																
19	New service may be an unaffordable financial pressure for commissioners		Change in tariff due to closure overnight model	4	3		Financial model to be delivered and agreed with commissioners to ensure that service remains financially viable.	19 October 2018	Neil Nisbet	2	3		Commissioners agree and commission service with acceptable financial outcome for Trust.	1	2	2
		17.1	Potentially funding travel costs for patients	3	3		1) Transport solution to be designed and delivered which remains financially viable.	19 October 2018	Neil Nisbet / Nigel Lee	2	3		Transport contract / provision in place and operational.	1	1	1
		17.3	Any funding of travel costs for patients could set a precedence which Commissioners are unlikely to create.	4	3	12	1) Locally agreed tariff which incorporates private transport facility. 2) Work with charitable organisations to create a partially funded service.	19 October 2018	Neil Nisbet	2	3	6	Transport contract / provision in place and operational.	1	1	1
		17.6	Request to underwrite consultant recruitment costs (International)	5	3		Costs being met by Trust. Provision accrual in financial plan.	19 October 2018	Neil Nisbet	2	3		Job planning against new model to be undertaken to mitigate overspend in future.	1	2	2
			Implementation of the contingency plan results in stranded costs.	5	5		1) Reworking of income based on assessment based model and no in-patient beds for Paediatric. 2) Potential increased outpatient income 3) Potential for "One stop" approach to some parts of the service via Outpatient clinics.	19 October 2018	Neil Nisbet	2	3		1) If needed, Contingency in place and working providing safe care for patients and staff.	2	2	4
Commercial																
20	Negative impact on the viability of PRH ED		The closure of the overnight ED service may not align with the long term STP plan	4	4		Temporary model potentially in line with overall plan to reduce equity of patients at the PRH site.	07 December 2018	Simon Wright	2	2		New service model developed in line with the STP plan and implemented in line with commissioning intentions.	2	1	2
Patients and Stakeholder																
2 1	Access		Patients will have inconvenience/change of travelling to a different site.	5	3		Situation unlikely to change drastically or improve, however repatriation process and management to ensure patients return to local hospital(s) will reduce impact.	02 February 2018	Julia Clarke	5	2		No further mitigations identified	3	3	9
2 2	Risk to reputation of NHS bodies	20.1	Reputational as Trust has stated that it will not permanently close PRH ED overnight.	4	3		Trust intention may remain, however continued non availability of doctors could change service proposition.	02 February 2018	Julia Clarke	3	3		No further mitigations identified	3	3	9
		20.2	Reputational if the service is not returned to previous model at PRH in 12 months	4	5		Continual communications, engagement sessions, press releases and staff engagement to ensure that any changes are communicated with efficacy.	02 February 2018	Julia Clarke	3	3		Time sensitive communications to be undertaken when long term plan is agreed.	1	2	2
2 3	Lack of support from Patient and Public voice	21.1	Patients will not want to see service move from their local hospitals	4	4		Communications plan to explain rationale for change	02 February 2018	Julia Clarke	4	2		Communication strategy deployed and in place	1	2	2
		21.2	Lack of patient/public engagement about this issue	5	3		Develop evidence of case for change and engage with local stakeholders	02 February 2018	Julia Clarke	2	3		Communication strategy deployed and in place	1	2	2

Likelihood	Consequence				
	1	2	3	4	5
	Insignificant	Minor	Moderate	Severe/Major	Critical
5 - Almost Certain	5	10	15	20	25
4 - Likely	4	8	12	16	20
3 - Possible	3	6	9	12	15
2 - Unlikely	2	4	6	8	10*
1 - Rare	1	2	3	4	5*

SaTH ED Service Model Implementation Plan

Lead; Karen Barnett
 Revision: Version 4

Last Issue Date: 15 October 2018

Chief Executive	SW - Mr Simon Wright
Finance Director & Deputy Chief Executive	NN - Mr Neil Nisbet
Medical Director	EB - Dr Edwin Borman
Director of Nursing	DF - Ms. Dierdre Fowler
Chief Operating Officer	NL - Mr Nigel Lee
Director of Workforce	VM - Mrs Victoria Maher

Deputy Chief Operating Officer	SB - Ms Sara Biffen
Assistant Director Unscheduled Care	KB - Ms Karen Barnett
Emergency Planning and Resilience Officer	SM - Mr Stewart Mason
Chief Information Officer	JW - Ms Julie Waters
Associate Director of Estates	MF - Mr Martin Foster
Clinical Director ED	SK - Mr Subramanian Kumaran
Operations Manager ED	ND - Ms Natalie Dulson
Matron ED	VR - Ms Vanessa Roberts

STRICTLY
CONFIDENTIAL

Tasks (Blue and Green)
41%

	Last Week	Change = / -	Status Change	Status
Green = On target to complete before deadline	4	-8	↑	12
Blue = Completed	0	-14	↑	14
Amber = Not started / Not on target for plans	11	-4	↑	15
Red = Not on target and no recovery plan	49	27	↓	22

Reference Number	Reference to High Level Project Plan and/or Action Plan	Divisional Responsibility	Project	Objective	Tasks	Project Leader	Agreed Date of Implementation	Measure of Success (Target)	Actions / Progress against action	Proposed Close Out Actions	Status against Plan	Evidence
Corporate - Project Management												
1		Corporate	Option appraisal	Strategic options appraisal conducted which strategically informs the Trust Board and Key Stakeholders of the options available.	1) Options identified and appraisal of each option undertaken 2) Key Stakeholders informed of options 3) Quality & Risk Summits undertaken.	NL	31/08/2018	Options appraisal completed and presented at Quality Summit	Options appraisal completed and presented	Presentation and acceptance of options to Trust Board. And Key Stakeholders		Copy of options paper and presentation
2		Corporate	Options appraisal Trust Board paper	Produce Options paper for Trust Board	1) Produce options paper for the Trust Board and gain agreement of preferred option 2) Present options paper to key stakeholders to gain agreement 3) Develop presentation for Trust to inform all stakeholders of agreed option	KB	27/08/2019	1) Options paper tabled at Trust Board 2) Agreement of preferred option by Trust Board 3) Minutes of meeting notes	Paper produced and submitted to Trust Board	Agreement of preferred option		Minutes from Trust Board
3		Corporate	Appointment of Project Team	Appoint lead the project and assume responsibility for action plans, risk management processes and project governance	1) Develop brief 2) Appoint 3) Ensure resource is in place at earliest opportunity	NL	01/08/2018	Project Lead in position by 01/08/18	Completed Associate Director of Unscheduled Care in place	Project lead in place		Minutes from Trust Board
4		Corporate	NHSI & NHSE Agreement	Sign off	1) Multi Organisational agreement regarding plan and model to be adopted 2) Agreement on mobilisation plan 3) Agreement on contingency plan and model	KB	17/08/2018	Agreed sign off	Plan to be advised based on output of each of the working groups. (Working groups commenced w/c 08/10/18)	Sign off acceptance		Minutes of meeting
5		Corporate	Project plan sign off	Trust Executive to undertake Project plan sign off	1) Trust Executive to sign off project plan once agreed 2) Board paper submission and acceptance of model by Trust Board	KB	10/10/2018	Trust Executive accept and sign off plan	Project plan methodology presented to Executive in Trust Board paper	Signed off project plan		Formal Project plan

6			Corporate	Project governance and oversight	Formal project processes established	1) Operational steering group established with timescales and meeting frequency 2) Oversight Board established with timescales and meeting frequency 3) Reporting schedule proposed and agreed by Oversight Board 4) Terms of reference (ToR) for each group to be developed 5) Meeting dates for each group published 6) Inform Scrutiny Committee of project governance and assurance arrangements	KB	10/10/2018	1) ToR agreed and published 2) Schedule of meetings agreed and published 3) Action plan, issues tracker and risk register presented to Stakeholder group 4) Scrutiny Committee paper/presentation completed	1) Governance and assurance structure in place and agreed 2) ToRs written and presented to SaTH Executive team for sign off. 3) Formal working groups in place and running	Signed off project plan and meeting schedule		Formal Project plan
7			Corporate	Performance management	Develop and implement project performance metrics	1) Develop and agree performance measures, tracking and reporting mechanisms	KB / JW	17/10/2018	1) Production of performance metrics 2) Enable mechanism of reporting for both internal and external audiences 3) Agree routine and exception reporting model	1) Development of metrics 2) Communication of agreed metrics 3) Agree review process for all metrics			
8			Corporate	Project Risk Register	Complete and agree project risk register	1) Complete risk assessment 2) Ensure that the project risk register is referenced and part of both the Divisional and the Trust risk registers	KB / SM	17/01/2018	Agreed risk register	1) Risk Register developed and version 1 published for comment. 2) Identified additional risks to be fed into updated version of the risk register following initial care group meetings	All risks identified and mitigated against as far as is possible /realistic..		Copy of Risk Register
9			Corporate	Contingency planning	Development of contingency plan	1) Develop contingency plan 2) Develop performance and quality triggers	SM	23/10/2018	Published Contingency Plan	1) EPRR lead working on plan.	Agreed and ratified contingency plan		
10			Corporate	Post project review	Undertake post project review to project	1) Complete formal project review process 2) Understand and collate learnings 3) Implement learnings in next project handover	KB		Completed Post Project Review		Post Project Review Meeting		Post Project Review Report
Communications and Engagement - Julia Clarke													
11			Corporate	Planning communications	Management of external communications and PR	1) Implementation of Comms plan to patients, external stakeholders and press	JC	17/10/2018	Production of agreed Communication and engagement strategy	Communications plan completed and included in update paper to Trust Board	Acceptance and sign off of plan by Trust Board		Communication and Engagement plan
12			Corporate	Policy / Political Stakeholder briefing	To ensure that all stakeholders are effectively communicated to regarding the changes in provision of services at each location	1) Develop presentation 2) Understand the audience and method of communication 3) Arrange briefing sessions	JC	17/10/2018	Sign off of presentation	1) Comms plan has been produced. 2) Stakeholder meetings / briefings scheduled	Signed off presentation		Comms Plan
13			Corporate	Partner organisation stakeholder communications	To ensure that all partner organisations are effectively communicated to regarding the changes in provision of services at each location	1) Develop presentation 2) Understand the audience and method of communication 3) Arrange briefing sessions	JC	17/10/2018	Sign off of presentation	1) All external stakeholders are represented at each of the working groups	Signed off presentation		Comms Plan
14			Corporate	Policy and Operational staff briefing	To ensure that all staff groups are effectively communicated to regarding the changes in provision of services at each location	1) Develop presentation 2) Understand the audience and method of communication 3) Organise briefing session times 4) Schedule Board member and project team member attendance	JC	23/10/2018	1) Completed staff briefings 2) Staff survey results	1) Comms plan has been produced. 2) Briefing sessions scheduled	Signed off presentation		1) Completed staff briefings 2) Staff survey results

15			Corporate	Press release and briefing	To complete and publish press release	1) To produce press release and launch 2) Ensure Switchboard are briefed as per all Press enquiries	JC	23/10/2018	Signed off press release	1) Comms plan has been produced. 2) Comms scheduled	Press release		Press release
Generic Materials													
16	16.1		Corporate	Advertising	Agree and complete generic advertising materials	FAQs	JC		Publication of FAQs on time	1) Comms plan has been produced. 2) Comms scheduled	Publication		
	16.2	Poster				Publication of poster on time			Publication				
	16.3	Display Boards				Publication of Display Boards on time			Publication				
Public													
17	17.1		Corporate	Public engagement	Agree and complete public engagement media	Mail out to all schools and children's groups	JC		Letters sent to schools with timeframe	1) Comms plan has been produced. 2) Comms scheduled	Letter sent to identified schools in catchment area		
	17.2	Mail out to Age Concern and grandparent groups				Letters sent to groups with timeframe			Letters sent				
	17.3	Posters in Post Offices, bus stations, community centres, swimming pools				Agreed contract(s) for advertising			Advertising in place				
	17.4	MP Meetings				MP meetings completed for MP			MPs engaged with		Completed MP meetings		
Patients													
18			Corporate	Patient engagement	Communication of facts to patients	FAQs for patients & families regarding service provision	JC		Positive patient feedback		Published FAQs		
Media													
19	19.1		Corporate	Media engagement	Ensure that the local media are routinely and consistently communicated to.	Pre announcement briefing	JC		Completed staff briefings	1) Comms plan has been produced. 2) Comms scheduled	Completed CEO briefings		
	19.2	Public briefing sessions				Media statement released			Media statement released				
	19.3	Weekly Updates				Continuous communication			In publication				
Staff													
20	20.1		Corporate	Staff Communications	Complete staff communications	Announcement of proposed changes	JC		Timely communication	1) Awaiting formal start date	Published		
	20.2	Team Brief / Letter to staff				Timely communication			Letter to staff				
	20.3	Information to staff / briefings				Timely communication			Leaflets to staff				
	20.4	Information for community nurses / briefings				Timely communication			Leaflets to staff				
Stakeholders													
21	21.1		Corporate	Stakeholder engagement	Ensure stakeholders are included in communications	MPs	JC		MP meetings conducted	1) WMAS part of working groups. 2) WMAS leading on modelling numbers of conveyances	MP feedback to process		Copies of letters, minutes of meetings
	21.2	Councillors				Letters sent, feedback received			Published letter				
	21.3	WMAS Operations				Weekly attendance			Agreed service changes. Changes to contract			Minutes of meetings and attendance at working groups	
	21.4	Healthwatch											
	21.5	GP patient groups											
22			Specialities	Staff Survey / Staff feedback	To arrange to obtain feedback from staff	1) Divisional team to arrange staff feedback process 2) Engage staff 3) Present feedback 4) Feed into post project review process	JC		80% staff feedback responses		Survey report		Staff survey
Clinical Pathway - Edwin Borman													

23			Corporate	Patient Pathway	Identification of the need for change / improve pathways	1) Meeting to review need for change and approve pathways 2) Paper to quality meeting detailing implications for stakeholders 3) Quality meeting to approve the mobilisation plan, protocols and pathways 4) Revised pathways signed off at Quality Meeting	EB		Agreed pathways and protocols	1) Pathways being devised and managed through project clinical pathways tracker.	Presentation to Quality meeting and assurance accepted		Clinical and Nursing rotas
24			Corporate	Pediatrics services	Understand the impact on service provision	1) Map pathways for Paediatric patients overnight. 2) Understand impact on patient pathways i.e. Pediatric Head Injury 3) Understand processes regarding potentially moving patients around the system as a consequence of the changes proposed.	EB		Agreed pathways and protocols		Business As Usual		Pathways
25			Corporate	Head & Neck services	Understand the impact on service provision	1) Map pathways for H&N patients overnight. 2) Understand impact on patient pathways 3) Understand processes regarding potentially moving patients around the system as a consequence of the changes proposed.	EB		Agreed pathways and protocols		Business As Usual		Pathways
26			Corporate	Stroke services	Understand the impact on service provision	1) Map pathways for Stroke patients overnight. 2) Understand impact on patient pathways 3) Understand processes regarding potentially moving patients around the system as a consequence of the changes proposed.	EB		Agreed pathways and protocols	Pathways revised where appropriate and forwarded to Clinical pathways working group for sign off	Business As Usual		Pathways
27			Corporate	Radiology	Ascertain Impact on access to services	1) Map pathways for diagnostics overnight. 2) Understand impact on patient pathways 3) Understand processes regarding potentially moving patients around the system as a consequence of the changes proposed.	EB		Agreed pathways and protocols		Business As Usual		Pathways
28			Corporate	Critical Care	Understand the impact on service provision	1) Map pathways for Critical care patients overnight. 2) Understand impact on patient pathways 3) Understand processes regarding potentially moving patients around the system as a consequence of the changes proposed.	EB		Agreed pathways and protocols	Pathways revised where appropriate and forwarded to Clinical pathways working group for sign off	Business As Usual		Pathways
29			Corporate	Cardiology	Understand the impact on service provision	1) Map pathways for Cardiology patients overnight. 2) Understand impact on patient pathways 3) Understand processes regarding potentially moving patients around the system as a consequence of the changes proposed.	EB		Agreed pathways and protocols	Pathways revised where appropriate and forwarded to Clinical pathways working group for sign off	Business As Usual		Pathways
30			Corporate	Gynecology	Understand the impact on service provision	1) Map pathways for Gynecology patients overnight. 2) Understand impact on patient pathways 3) Understand processes regarding potentially moving patients around the system as a consequence of the changes proposed.	EB		Agreed pathways and protocols	Pathways revised where appropriate and forwarded to Clinical pathways working group for sign off	Business As Usual		Pathways
31			Corporate	Theatres and Anesthetics	Understand the impact on service provision	1) Map pathways for non elective / emergency patients overnight. 2) Understand impact on patient pathways 3) Understand processes regarding potentially moving patients around the system as a consequence of the changes proposed.	EB		Agreed pathways and protocols	Pathways revised where appropriate and forwarded to Clinical pathways working group for sign off	Business As Usual		Pathways
32			Corporate	PRH ED Overnight	Provision of new Pediatric assessment areas	1) Understand capacity and flow implications in ED, Ward and assessment area at PRH and RSH 3) Planning of workforce and equipment changes if any	EB		Assessment area organised, resourced and equipped	In discussion as part of the pathway revision.	Confirmed patient flow		Demand and Capacity plan

33		Corporate	Out of hours	To establish the interdependencies (if any) regarding the change in service for any care out of hours service (Shopdoc)	1) Establish interdependencies / any required additions of changes to pathway for Pediatrics	EB		Review of demand Impact to be assessed once demand and capacity revalidation completed	In discussion as part of the pathway revision.	Assurance that any additional demand can be managed		QIA
34		Divisional meetings / MDT meetings	Communication	Ensure effective communication processes are in place	1) Right information provided in simple form prior to the meeting 2) Attendees – Contributions 3) Identification and Assessment of triggers 4) Discussions and solutions to resolve flow issues 5) Write down actions and identify individuals 6) Review previous actions and outcomes – hold people accountable for actions / information 7) Develop, introduce or make real escalation policy	EB		1) Accurate discharge numbers communicated to capacity bed meetings resulting in good patient flow. 2) Staff briefing session internal to Directorate		Introduction of processes		Policy and SOP
35		Support Services	Pharmacy	Ensure any policies / SOPs/ daily activities reflect change in operation	1) Policy changes 2) Ward round attendance changes	EB		Change in SOP / Policy or confirmation that no change required		Business As Usual		SOP / email
36		Support Services	Therapies	Ensure any policies / SOPs/ daily activities reflect change in operation	1) Policy changes 2) Ward round attendance changes	EB		Change in SOP / Policy or confirmation that no change required		Business As Usual		Performance Data
37		Support Services	Diagnostics	Ensure any policies / SOPs/ daily activities reflect change in operation	1) Policy changes 2) Ward round attendance changes	EB		Change in SOP / Policy or confirmation that no change required		Business As Usual		Performance Data
Operational Delivery - Nigel Lee												
38		Corporate	ED	Ensure the effective transition from a 24hr ED at PRH to 12hr ED at PRH	1) Closing and opening processes. 2) Estates management processes. 3) Facilities management processes.	NL		Change in SOP / Policy or confirmation that no change required	1) Rebecca Houlston developing SOPs	SOPs published and implemented		SOPs
39		Corporate	ED	Impact assessment of closure and opening ED overnight	1) Undertake impact assessment(s) on other and support services	NL		Agreed impact assessment reflected in model	1) Initial impact assessment completed but require sign off	Impact assessment published		Impact Assessment
40		Corporate	Transport solution	Repatriation protocol to PRH is required from RSH and surrounding Trusts	1) Map pathways for Critical care patients overnight. 2) Understand impact on patient pathways 3) Understand processes regarding potentially moving patients around the system as a consequence of the changes proposed.	NL		1) Implemented SOP and protocol 2) Private transport solution may be required as WMAS transport may not be a viable option 3) Demand to be advised post revalidation of data 4) Pathways to be agreed and signed off by governance meetings. 5) Full business case for solution to be written up using framework and going through OJEC or framework tendering process.	1) Repatriation process discussed with RWT and UHNM 2) Draft process circulated and being discussed (based on existing concordat)	Implemented SOP		SOP
41		Specialties	Daily Operational Excellence	Undertake morning and afternoon staff "huddles" to ensure staff wellbeing, discuss issues arising and implement solutions to issues in live state	1) Matron and Ward Manager to conduct morning and afternoon huddles each day prior to, during and post relocation	NL		No issues outstanding daily		Issues log with no outstanding issues		Issues log
Regional Flow - Sara Biffen												
42		Stakeholders	Information	All external partners have accurate information to support their response to the PRH ED overnight closure.	1) Publication of mapped pathways for patients overnight. 2) Understand and communicate impact on patient pathways 3) Understand processes regarding potentially moving patients around the system as a consequence of the changes proposed.	SB		Consolidated model that accurately describes all changes to operating models, processes and policies.	1) Clinical pathways that are affected have been identified and listed for the group to consider.	Issues log with no outstanding issues		
43		Stakeholders	Information	Ensure that Ambulance partners responses can manage the level of demand required as a result of the overnight closure of PRH ED.	1) Ensure that the demand plan from WMAS, SaTH and external stakeholders is agreed and published.	SB		Confirmed WMAS activity projections and assurance that demand can be met/managed appropriately.	1) Written and verbal confirmation that demand can be managed has been received from Mark Doherty at WMAS	1) Written confirmation that demand can be managed. 2) No outstanding issues		
44		Stakeholders	Information	Ensure that Neighbouring Trusts can manage the level of demand required as a result of the overnight closure of PRH ED.	1) Ensure that the agreed demand plan from WMAS, SaTH and external stakeholders is communicated effectively to all neighbouring Trusts and stakeholders.	SB		Confirmed activity model and projections with assurance that demand can be met and managed appropriately.	1) Activity model has been produced and circulated meetings continue to identify solution and gain agreement.	1) Written confirmation that demand can be managed. 2) No outstanding issues		

45			Stakeholders	Information	Ensure that the CCGs can manage the level of demand required regarding support / interdependent services as a result of the overnight closure of PRH ED.	1) Ensure that the agreed demand plan from WMAS, SaTH and external stakeholders is communicated effectively to all neighbouring Trusts and stakeholders.	SB		Confirmed activity model and projections with assurance that demand can be met and managed appropriately.		1) Written confirmation that demand can be managed. 2) No outstanding issues		
46			Stakeholders	Information	Ensure that Local Authorities can manage the level of demand required as a result of the overnight closure of PRH ED.	1) Ensure that the agreed demand plan from WMAS, SaTH and external stakeholders is communicated effectively to all neighbouring Trusts and stakeholders.	SB		Confirmed activity model and projections with assurance that demand can be met and managed appropriately.		1) Written confirmation that demand can be managed. 2) No outstanding issues		
47			Stakeholders	Information	Ensure that the Powys local health system can manage the level of demand required as a result of the overnight closure of PRH ED.	1) Ensure that the agreed demand plan from WMAS, SaTH and external stakeholders is communicated effectively to all neighbouring Trusts and stakeholders.	SB		Confirmed activity model and projections with assurance that demand can be met and managed appropriately.		1) Written confirmation that demand can be managed. 2) No outstanding issues		
48			Stakeholders	Information	Ensure that the local mental health system can manage the level of demand required as a result of the overnight closure of PRH ED.	1) Ensure that the agreed demand plan from WMAS, SaTH and external stakeholders is communicated effectively to all neighbouring Trusts and stakeholders.	SB		Confirmed activity model and projections with assurance that demand can be met and managed appropriately.		1) Written confirmation that demand can be managed. 2) No outstanding issues		
49			Stakeholders	Information	Ensure that ShropComm can manage the level of demand required as a result of the overnight closure of PRH ED.	1) Ensure that the agreed demand plan from WMAS, SaTH and external stakeholders is communicated effectively to all neighbouring Trusts and stakeholders.	SB		Confirmed activity model and projections with assurance that demand can be met and managed appropriately.		1) Written confirmation that demand can be managed. 2) No outstanding issues		
Finance & Data - Neil Nisbet													
50			Corporate	Internal	To review and agree the assumptions on activity, divert and direct access	To produce a clear and concise view of the internal financial impact of the implementation .	NN		Agreed and confirmed financial model with appropriate projections.	1) Initial working group meeting has identified the financial impact 2) Greater understanding of the wider context for financial agreement is required from the local health economy in order to create a robust financial model.			Financial projections / projected outturn
51			Corporate	Wider Health System	To review and agree the assumptions on activity, divert and direct access	To produce a clear and concise view of the financial impact of the implementation across the wider health system.	NN		Agreed and confirmed financial model with appropriate projections.	1) Greater understanding of the financial model will inform the impact in real terms to the organisation.			Activity plan
52			Corporate	Activity projections	Activity projections agreed for 2018/19 and 19/20	1) Complete data analysis for 2018/19 and 2019/20 2) Complete data sensitivity analysis	KB		Completed and agree capacity & demand data set for the temporary closure	1) Activity projections have been made based on the current baseline 2) Agreement of the updated demand will further inform the financial model.	1) Data being accepted 2) Included in baseline and performance management data streams.		Agreed data set. Agreed outturn
53			Corporate	Stakeholder mapping exercise	To ensure that all stakeholders have considered and changed pathways and service model if required regarding any changes in provision of services at each location	1) Identify all stakeholders and service users 2) Formulate appropriate media and method of distribution for each target audience 3) Produce media and distribute	NN		Sign off of communications media	1) Clinical pathways to inform the stakeholder mapping	Acceptance and sign off of plan by working group		Agreed signed off media at working group meeting
54			Corporate	Demand and Capacity Planning	To ensure that changes to demand and capacity requirements at RSH Hospital is understood and planned.	1) To understand and agree the capacity requirement at RSH is understood and agreed. 2) To ensure that plans for assessment areas are understood, agreed and communicated 3) To ensure that the capacity plan for boy PRH and RSH are in line with winter plans for all Directorates and Corporate	NN		1) Agreed capacity plan 2) Agreed contingency plan	1) Table top scenario session planned to ensure that the proposed pathways and business continuity plans are workable and appropriate	Business As Usual		Winter Plan
Corporate - Staffing													
55			Corporate	Workforce Rota plan - Medics	Ensure correct medical cover is in place for both locations for each specialty affected	1) Populate medical Rota with all three tiers of medical staff, to include new rotation commences.	VM		1) Rota reviewed and agreed. 2) Rota filled with no gaps.		Business As Usual		Signed off Rota. Validated medical staffing rotas

56			Corporate	Health Education England to agree Middle Grade and Junior Grade provision	Allocation of training grade positions into Rota	1) HEE provide allocation of doctors to both PRH and RSH sites to ensure provision of service. 2) Provide assurance to HEE that required level of supervision and training can be provided at both sites for each speciality for all allocated medical staff	VM		Agreement and sign off		Confirmed agreement		Plan
57			Corporate	Workforce Rota plan - Nursing	Ensure correct levels of nursing is in place for both locations	1) Complete off duty	VM		1) Rota reviewed and agreed. 2) Rota filled with no gaps.	1) Nursing workforce is being reviewed by the Chief Nurse and nursing team	Business As Usual		Copies of off duty.
58			Corporate	Workforce plan agreed	Agree workforce plan and obtain sign off	1) Undertake job planning post August to ensure that any changes to service have appropriate job plans in place.	VM		Agreement and sign off		Business As Usual		Workforce plan
59			Corporate	Activity projections completed with 2018/19 & 2019/20 data and sensitivity analysis	Ensure that activity, demand and staffing projections are in line and achievable	1) Consolidation of service forward look	VM		1) Agreement and sign off 2) Commissioning intentions to be advised.	1) Nursing workforce is being reviewed by the Chief Nurse and nursing team	Business As Usual		Activity Projections
Corporate - Quality													
60			Corporate	Quality & Equality Impact Assessments	Produce a Quality Impact Assessment (QIA) and Equality Quality Impact Assessment (eQIA) for the overall project	1) Produce project wide QIA & eQIA 2) Sign off required at Board	KB	27/09/2018	Signed off project QIA & eQIA	1) Initial QIA & eQIA completed. 2) Revisions of both QIA and eQIA will need to be undertaken once the clinical pathways have been agreed and signed off.	Board acceptance		QIA & eQIA
61			Corporate	Project Audit Trail	Implement project audit trail for tracking of decision making, issues and approvals process	1) Develop tracker for the monitoring of decision making and approvals process for the project 2) Tracker to be reviewed at each working group meeting 3) Tracker to be reviewed and form part of the post review meeting process	KB		Implemented project tracker, issues resolution and governance	1) Issues tracker in place and tracked. 2) Issues tracker is available to each working group via SharePoint and is reviewed at the weekly steering group.	Business As Usual		1) Tracker published 2) Project governance
62			Corporate	Project Plan assurance and governance	CCG and Specialised Commissioning to confirm that assurance is provided via Project plan	1) CCG and Specialised Commissioning to agree that project assurance and governance is in place.	KB		1) Acceptance of project plan methodology plan 2) CCG and Spec Comm to be part of the Oversight group	1) All external stakeholders are represented at each of the working groups	Project plan		Formal Project plan
63		Corporate	Partner organisations to agree Project plan sign methodology		1) All organisations to sign off project plan once agreed	KB		1) Acceptance of project plan methodology plan 2) Partners are members of the working group and agreed plan	1) All external stakeholders are represented at each of the working groups. 2) Agreement of Golive date TBA	Signed off		Formal Project plan	
64			Corporate	Scrutiny and oversight committee presentation	Presentation to the Scrutiny and Oversight committee to be completed to ensure governance	1) Presentation to be given to the committee	NL		Presentation to Scrutiny Committee date set and meeting arranged	Meeting scheduled for 17/10/18. Paper written and to be presented.	Presentation		Presentation

Issues Tracker

Project PRH overnight Closure

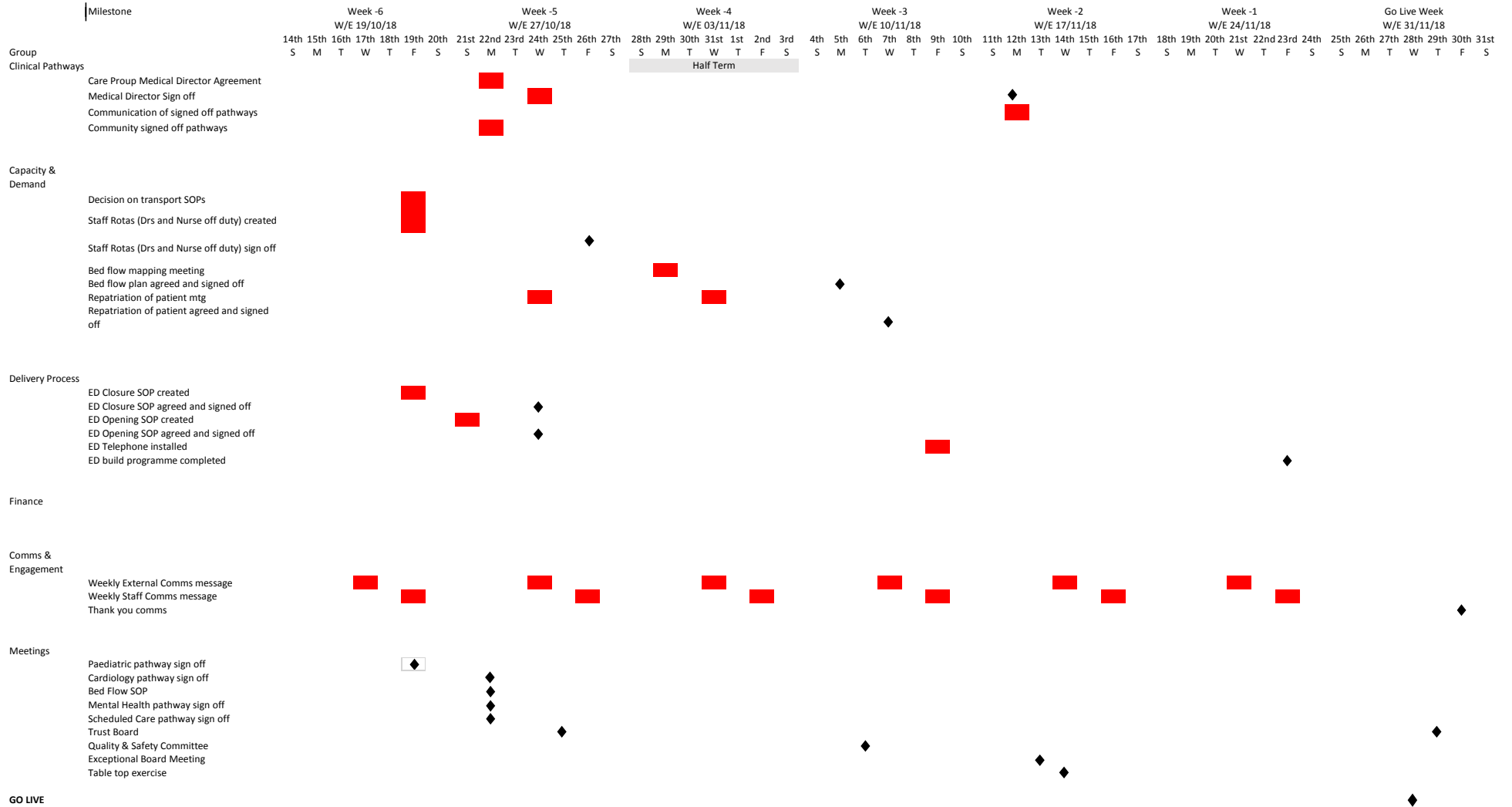
Issues Tracker

	Last Week	Change = / -	Status Change	Status
Green = On target to complete before deadline	8	-2	↓	10
Blue = Completed	4	-4	↑	8
Amber = Not started / Not on target for plans	15	3	↓	12
Red = Not on target and no recovery plan	14	1	↓	13

Issues Tracker CONFIDENTIAL

Audit Tracker Reference number	Internal or Partner	Where Raised	Issue	Date Issue Raised	Mitigation / Solution	Response Owner(s)	Deadline	Next Meeting Date	Completed	Approved	
										Name	Position
1	Internal	Project Office	WMAS and SaTH data mismatch. WMAS data is collated on reason of conveyance rather than admitting reason at SaTH. Example Query Stroke, query TIA and stroke mimics. Understanding that the initial diagnosis may change from when WMAS paramedic attends patient and what condition the patient is admitted/treated for in the acute setting.	3-Oct-18	Detail discussions have been undertaken to identify the data discrepancy between Karen Barnett, Assistance COO and Mark Docherty, Director of Clinical Commissioning and Strategic Development. UPDATE 11/10/18; Agreement on data and numbers has now been arrived at between both organisations and this is reflected in the model. UPDATE 15/10/18; CEO meeting on 12/10/18 WMAS asked to remodel closure from 22.00hrs to 20.00hrs outside SaTH	Karen Barnett	8-Oct-18	N/A		Karen Barnett	Assistant Chief Operating Officer
2	Internal	Project Office	Potential that patients are conveyed past PRH en route to RSH	3-Oct-18	Ambulance modeling, assumptions, conveyance routes and clinical criteria have been agreed and will be in place by WMAS. UPDATE 15/10/18; related to issue 1. CEO meeting on 12/10/18 WMAS asked to remodel closure from 22.00hrs to limit the demand placed outside SaTH	Karen Barnett	17-Oct-18	10-Oct-18		Karen Barnett	Assistant Chief Operating Officer
3	Internal	Project Office	RSH ED underperformance puts pressure on the system wide response to the closure of PRH ED overnight leading to neighbouring trusts potentially complaining.	3-Oct-18	Data modelling has been agreed with WMAS. Agreement with neighbouring trusts is to be finalised and agreed. UPDATE 15/10/18; related to issue 1. CEO meeting on 12/10/18 WMAS asked to remodel closure from 22.00hrs to limit the demand placed outside SaTH	Karen Barnett	15-Oct-18	15-Oct-18		Karen Barnett	Assistant Chief Operating Officer
4	Internal	Project Office	Project resources - potential issue that SaTH internal resources are unable to provide the required level of time due to internal operational issues. External stakeholders have identified key individuals to provide more exclusivity in terms of time, causing an imbalance that may potentially cause issues.	3-Oct-18	Project team being augmented through Project lead and colleagues from STP planning team in the short term. UPDATE 12/10/18. CLOSED	Karen Barnett	8-Oct-18	N/A		Karen Barnett	Assistant Chief Operating Officer
5	CCG	Regional Flow Meeting	QIA without clinical pathway challenging so need this information to feed into scenario planning	3-Oct-18	Clear and concise clinical pathways are the key component to providing service during closure. Weekly clinical pathway meeting in place to resolve, governance and assurance provided through weekly steering group meeting.	Nigel Lee	8-Oct-18	15-Oct-18		Sara Biffen	Deputy Chief Operating Officer
6	CCG	Regional Flow Meeting	Paediatric direct entry pathway is not clear	3-Oct-18	Paediatric clinical pathway is being reviewed and changes advised through the weekly clinical pathway meeting. Governance and assurance provided through weekly steering group meeting. UPDATE 15/10/18. Paediatric pathways from Worcester Paediatric closure at Reddich have been obtained and are the basis for revised pathways discussions.	Edwin Borman	15-Oct-18	15-Oct-18		Sara Biffen	Deputy Chief Operating Officer
7	CCG	Regional Flow Meeting	Concern that the journey times and welfare of the patient, ambulance crews and families.	3-Oct-18	Data modelling has been agreed with WMAS which ensures that the most appropriate conveyance to the nearest ED is undertaken. Journey times will be increased for some patients, however welfare and clinical urgency will be considered with utmost importance. UPDATE 15/10/18 Related to issue 1 - agreed numbers will be revised in line with journey times.	Karen Barnett	8-Oct-18	16-Oct-18		Sara Biffen	Deputy Chief Operating Officer

8	CCG	Regional Flow Meeting	Impact on out of hours for Shropdoc, GP rotas and pressure resulting on in hours primary care	3-Oct-18	Data analysis has identified potential volumes. ShopComm is a member of the Regional Flows group where modelling and associated response will be discussed and agreed. UPDATE 15/10/18. Once clinical pathways have been agreed on 15/10/18 the volumes for ot of ours can be revisited. Project team are identifying any further service provision that may be available	Andrew Matthews	8-Oct-18	16-Oct-18		Sara Biffen	Deputy Chief Operating Officer
9	CCG	Regional Flow Meeting	RSH ED impact, how the department will cope especially going into winter and how to mitigate the risks	3-Oct-18	Data modelling has informed the organisation of the potential impact. Business as usual capacity management process and winter plan management in place to manage. UPDATE 15/10/18 CLOSED	Karen Barnett	8-Oct-18	16-Oct-18		Sara Biffen	Deputy Chief Operating Officer
10	CCG	Regional Flow Meeting	Diverting out of hours and the impact that this will have	3-Oct-18	Data modelling has informed the organisation of the potential impact. Business as usual capacity management process and winter plan management in place to manage.	Karen Barnett	8-Oct-18	16-Oct-18		Sara Biffen	Deputy Chief Operating Officer
11	CCG	Regional Flow Meeting	Debate over whether it is safer to keep 2 ED's open as the CCG are not clear on the answer to this question	3-Oct-18	Trust Board paper describes the options, appraisal of the options and Trust Board decision. Clinical Senate review on 17/10/18 will authorise decision.	Nigel Lee	27-Sep-18	17-Oct-18		Sara Biffen	Deputy Chief Operating Officer
12	CCG	Regional Flow Meeting	Vulnerable impact on ambulance services	3-Oct-18	Data modelling has been agreed with WMAS which ensures that the most appropriate conveyance to the nearest ED is undertaken. WMAS has identified resources required and is providing detailed costs to SaTh for consideration and agreement. UPDATE 15/10/18. WMAS have stated that they will manage the volume if PRH closes. CLOSED	Karen Barnett	8-Oct-18	25-Oct-18		Nigel Lee	Chief Operating Officer
13	CCG	Regional Flow Meeting	Workforce and how achievable this is – challenge not knowing how quick to get staff over to RSH and whether GP's will load the ED prior to 20:00.	3-Oct-18	Workforce planning to be undertaken by Comms & Engagement group. Draft workforce plan to be reviewed and finalised once clinical pathways agreed and published.	Karen Barnett	16-Oct-18	16-Oct-18		Sara Biffen	Deputy Chief Operating Officer
	CCG	Regional Flow Meeting	Paediatric clinical pathway – priority	3-Oct-18	As issue 6.	Edwin Borman	15-Oct-18	22-Oct-18		Sara Biffen	Deputy Chief Operating Officer
	CCG	Regional Flow Meeting	Need to use existing resource for ambulance services i.e. what can be done differently and the need for clarity on CC and the impact out of hours	3-Oct-18	As issue 12.	Karen Barnett	8-Oct-18	25-Oct-18		Nigel Lee	Chief Operating Officer
14	CCG	Regional Flow Meeting	Need to a Directory of Services to be kept up to date	3-Oct-18	DOS needs to be reviewed in light of any changes made and re published as part of the implementation plan.	Karen Barnett	16-Oct-18	16-Oct-18		Sara Biffen	Deputy Chief Operating Officer
15	CCG	Regional Flow Meeting	Need for consistent message to go to public and staff	3-Oct-18	Comms and Engagement group to manage through the communications plan. UPDATE 15/10/18 Comms and engagement working group have produced Comms Plan and circulated. CLOSED	Karen Barnett	9-Oct-18	16-Oct-18		Sara Biffen	Deputy Chief Operating Officer
16	Local Authority	Regional Flow Meeting	Emergency duty team – impact on them and the need for local arrangements with partners	3-Oct-18	Data modelling has informed the potential impact of the change. Business as usual capacity management process and winter plan management for both internal and external partners in place to manage.	BAU - SaTh capacity management team and external partners operational teams	11-Oct-18	23-Oct-18		Sara Biffen	Deputy Chief Operating Officer
17	Local Authority	Regional Flow Meeting	Children's safeguarding issues and the impact on partner local aut	3-Oct-18							



West Midlands Clinical Senate

SATH Emergency Department Reconfiguration Review

Terms of Reference

First published: October 3rd 2018

West Midlands Clinical Senate

West Midlands Clinical Senate

SATH Emergency Department Reconfiguration Review

Terms of Reference

First published: October 3rd 2018

Prepared by

Angela Knight Jackson
Head of Clinical Senate
West Midlands Clinical Senate

TERMS OF REFERENCE

Terms of Reference for: Independent Rapid Review Panel

Topic: West Midlands Clinical Senate NHS England Stage 2 Review SATH ED

Sponsoring Organisations: Shrewsbury and Telford Hospital NHS Trust, Royal Wolverhampton Trust and West Midlands Ambulance Service

Clinical Senate: West Midlands Clinical Senate

NHS England (Regional or DCO team): West and North Midlands

Terms of Reference agreed by:

Name  **on behalf of the Clinical Senate**

Prof Adrian Williams

Date: 12th October 2018

Name **on behalf of the Sponsoring Organisations**

Nigel Lee

Date: Received on

NB: The following Terms of Reference have been developed using the document 'Clinical Senate Review Process Guidance Notes'. This document should therefore be read in conjunction with the document 'Clinical Senate Review Process Guidance Notes'.

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1. Independent Clinical Review Team Members

Chair:

Name	Position	Organisation
Prof. Simon Brake	Chief Officer	Walsall CCG

Members:

Name	Position	Organisation
Helen Carter (Vice Chair)	Deputy Director	Public Health England
Andy Whallett (Desktop Review)	Deputy Postgraduate Dean	Heath Education England
Kamal Nathavitharana	Associate Postgraduate Dean	Health Education England
Mark Docherty (Desktop Review)	Director of Clinical Commissioning & Service Development / Executive Nurse	West Midlands Ambulance Service
Jacqueline Barnes	Director of Nursing and Quality	NHS England, West Midlands
Mark Brassington	Chief Operating Officer	Lincoln County Hospital
Peter Sedman (Desktop Review)	General Surgeon	Hull infirmary Yorkshire Senate
James France	Consultant Emergency Medicine	Worcestershire Royal Hospital
Paula Furnival	Executive Director for Adult Services	Walsall Council
Simon Harlin	GP	Walsall Healthcare NHS Trust
Jason Evans	Deputy Chief Officer for Integrated Urgent & Emergency Care, West Midlands Region.	West Midlands
Jatt Khaira	General Medicine	University Hospital Birmingham
Brendan Young	Patient Representative	N/A
<i>In attendance</i>		
Mrs Angela Knight Jackson	Head of Clinical Senate	West Midlands CN and Senate NHS England
Jamila Hussain	Quality Improvement Officer	West Midlands CN and Senate NHS England

All independent clinical review team members will sign a declaration of conflict of interest and confidentiality agreement (see appendix 1 and 2), and their names and affiliations will be published in the Clinical Senate Stage 2 report.

2. Aim of the Independent Clinical Review

The Clinical Senate is asked to answer the following:

- a) Does the Senate agree that, on balance, an overnight closure of ED at Telford PRH provides a safe and clinically effective model of care for patients?
- b) Are there any improvements the Senate can suggest on the proposed model of implementation of closure that can mitigate risk to the patients, such as flow, planned protocols and the provision of alternative community urgent care provision?
- c) Assess that the proposals comply with national and local guidance and strategy?

2.1 Scope of the review

The scope of the review is restricted to the proposed overnight closure of PRH Telford ED on clinical safety grounds and an assessment of the options for redistribution of ED attendances and resultant emergency admissions from PRH, Telford by catchment area and volume.

When reviewing the case for change and options appraisal the independent clinical review team (ICRT) should **consider whether the preferred model delivers safe and effective care for patients. The panel should also identify any significant risks to patient care in these proposals.**

The panel should consider benefits and risks in terms of:

- Clinical effectiveness including pathways (particularly in relation to direct admission to wards) and hand-offs
- Patient Safety and management of risks
- Patient experience, including access to services
- Patient reported outcomes
- Impact on neighbouring sites based upon modelling available from NHSE, NHSI, WMAS and the Trusts.
- Proposed methods of repatriation of patients in split spells with out of area providers

The clinical review panel is not expected to advise or make comment upon any issues of the NHS England assurance process that will be reviewed elsewhere (e.g. financial elements of risk in the proposals). However, if the panel felt that there was an overriding risk this should be highlighted in the panel report.

Questions that may help the panel in assessing the benefit and risk of the proposals include (but are not limited to):

- Is there evidence that the proposals are appropriate risk mitigation for the trust.
- Do the proposals reflect up to date clinical guidelines and national and international best practice e.g. Royal College reports?
- Is there an analysis of the clinical risks in the proposals, and is there an adequate plan to mitigate identified risks?

- Do the proposals consider issues of patient access and transport? Is a potential increase in travel times for patients outweighed by the clinical benefits?
- Does the options appraisal consider a networked approach - cooperation and collaboration with other sites and/or organisations?

The ICRT should assess the strength of the evidence base of the case for change and proposed interim reconfiguration.

3. Timeline

The proposed timeline is subject to change. Changes to the timeline may originate from either the Sponsoring Organisation (SO) or Independent Clinical Review Team (ICRT). The ICRT may also take the decision to pause the review in order to gain more information and or expertise. All changes made to the timeline will be updated and circulated to both the SO, NHS England and ICRT by the Clinical Senate (CS).

Week Beginning	Action	Organisation
Oct 8 th 2018	Recruitment of panel	NHSE
Oct 16 th and 17 th 2018	Panel meet	CS
Oct 22 nd 2018	Report	CS

4. Methodology

The role of the independent clinical review team will be to examine documentary evidence as a table top exercise as the Senate has already visited the trust. The senate may carry out site visits if necessary to determine recommendations or should that be required for further assessment. The independent clinical review team may decide to increase or decrease the number of days required for review and also the method by which panel members provide input into the review.

It is anticipated that the review will be over 2 days and will take place week commencing October 15th 2018. Such a rapid review is essential in light of the 4 week timescale for interim reconfiguration which was announced on 27th September 2018

The independent clinical review team will need to consider the following bullet points 5-9:

5. Reporting

A draft report from the Independent Clinical Review Team will be made available to the sponsoring organisation for fact checking prior to publication. Any comments / corrections must be received within 5 working days. (Commissioner should be provided with the opportunity to fact check as well) with agreement from the sponsoring organisation) The Independent Clinical Review Team will submit a draft report proportionate to a Stage 2 review (see as a guide Clinical Review Team Report Template appendix 3) to the Clinical Senate Council who will agree the report and be accountable for the advice contained in the final report. The council may wish to take a view or offer advice on any issues highlighted that should be taken into consideration in implementing change.

The Council will be asked to comment specifically on the:

- Comprehensiveness and applicability of the review
- Content and clarity of the review and its suitability to the population in question
- Interpretation of the evidence available to support its recommendations
- Likely impact on patient groups affected by the reconfiguration
- Likely impact / ability of the health service to implement the recommendations

The final report will be submitted to the sponsoring organisation by week commencing TBC and the clinical advice will be considered as part of the NHS England's Stage 2 Assurance process for service change proposals. The report is not expected to comment upon issues of the NHS England assurance process but is part of that overall process.

The review report will remain confidential until placed in the public domain at the conclusion of the review process with the agreement of the sponsoring organisation.

6. Communication and Media Handling

The Clinical Senate will ensure all communication activities, in whatever form, are conducted according to appropriate ethical, legal and professional standards, using professional guidance from in-house communications teams and or contracted external teams.

The Clinical Senate review will be published on the website of the Clinical Senate with the agreement of the Sponsoring Organisation. Council and assembly members will provide support to disseminate the review at a local level. The Clinical Senate may engage in various activities with the sponsoring organisation to increase public, patient and staff awareness of the review

7. Resources

The West Midlands Clinical Senate will provide administrative support to the review team, including setting up the meetings and other duties as appropriate.

The independent clinical review team will request any additional resources, including the commissioning of any further work, from the sponsoring organisation.

8. Accountability and Governance

The independent clinical review team is part of the West Midlands Clinical Senate accountability and governance structure.

The West Midlands Clinical Senate is a non-statutory advisory body and will submit the report to the sponsoring organisation.

The Sponsoring Organisation remains accountable for decision making but the review report may wish to draw attention to any risks that the sponsoring organisation may wish to fully consider and address before progressing their proposals.

9. Functions, Responsibilities and Roles

9.1 The Sponsoring Organisations

The Sponsoring Organisations will:

- Provide for the clinical review panel all relevant background and current information, identifying relevant best practice and guidance. Background information may include, among other things, relevant data and activity, internal and external reviews and audits, impact assessments, relevant workforce information and population projection, evidence of alignment with national, regional and local strategies and guidance (e.g. NHS Constitution and outcomes framework, Joint Strategic Needs Assessments, CCG two and five year plans and commissioning intentions).
- Respond within the agreed timescale to the draft report on matter of factual inaccuracy.
- Undertake not to attempt to unduly influence any members of the clinical review team during the review.
- Submit the final report to NHS England for inclusion in its Stage 2 formal service change assurance process.

9.2 The Clinical Senate Council and the Sponsoring Organisations

The Clinical Senate Council and the Sponsoring Organisations will:

- Agree the terms of reference for the clinical review, including scope, timelines, methodology and reporting arrangements

Clinical Senate council will:

- Appoint a clinical review team; this may be formed by members of the senate, external experts, or others with relevant expertise. It will appoint a chair or lead member
- endorse the terms of reference, timetable and methodology for the review
- endorse the review recommendations and report
- provide suitable support to the team.
- Submit the final report to the sponsoring organisation

9.1 The Independent Clinical Review Team

The Independent Clinical Review Team will:

- undertake its rapid review in line with the methodology agreed in the terms of reference
- follow the report template proportionate to Stage 2 review process and provide the sponsoring organisation with a draft report to check for factual inaccuracies
- submit the draft report to clinical senate council for comments and will consider any such comments and incorporate relevant amendments to the report. The team will subsequently submit final draft of the report to the Clinical Senate Council
- keep accurate notes of meetings.

9.2 The Independent Clinical Review Team Members

The Independent Clinical Review Team members will undertake to:

- Commit fully to the review and attend all briefings, meetings, interviews, and panels etc. that are part of the review (as defined in methodology)
- contribute fully to the process and review report
- ensure that the report accurately represents the consensus of opinion of the clinical review team
- comply with a confidentiality agreement and not discuss the scope of the review nor the content of the draft or final report with anyone not immediately involved in it. Additionally they will declare, to the chair or lead member of the clinical review team and the clinical senate manager, any conflict of interest prior to the start of the review and /or materialise during the review.

9.3 NHS England

NHS England will:

- Approve the TOR to ensure that the review will deliver the views that address DCO concerns raised during the assurance process
- Requests to change the TOR should be made through the commissioner of the review

10. Appendices

Appendix 1

Declaration of Conflict of Interest

West Midlands Clinical Senate Stage 2 Clinical Assurance Independent Clinical Review SaTH ED Rapid Review

To be completed by all members of the clinical review team. Clinical Senate Council members should also consider if they have any conflicts in considering the review team's report.

For advice on what items should and should not be declared on this form refer to the 'Conflicts of Interest Policy' issued by the West Midlands Clinical Senate. Further advice can also be obtained from the Clinical Senate Manager.

Name: _____

Position: _____

Please describe below any relationships, transactions, positions you hold or circumstances that you believe could contribute to a conflict of interest:

For completion

Type of Interest – Please supply details of where there is conflict in accordance with the following list:

A direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);

An indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;

A direct non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);

An indirect non-pecuniary interest: where an individual is closely related to, or in a relationship, including friendship with an individual.

A direct non-pecuniary benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);

An indirect non-pecuniary benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value but is a benefit to peers or colleagues (for example, a recommendation which results in an increase in revenue or status to their employing organisation or results in their organisation becoming the preferred provider).

An indirect non-pecuniary conflict: where the evidence of the senate may bring a member into direct or indirect conflict with their contracting or employing organisation, to the extent that it may impair the member's ability to contribute in a free, fair and impartial manner to the deliberations of the senate council, in accordance with the needs of patients and populations.

Other – please specify

Name	
Type of Interest	
Details	
Action Taken	
Action Taken By	
Date of Declaration	

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: _____

Name: _____

Date: _____

Appendix 2

Confidentiality Agreement West Midlands Clinical Senate Independent Clinical Review Team SaTH ED Review

I (name)
hereby agree that during the course of my work (as detailed below) with the West Midlands Clinical Senate I am likely to obtain knowledge of confidential information with regard to the business and financial affairs of an NHS body, or other provider, its staff, clients, customers and suppliers, details of which are not in the public domain ('confidential information') and accordingly I hereby undertake to and covenant that:

I shall not use the confidential information other than in connection with my work; and

I shall not at any time (save as required by law) disclose or divulge to any person other than to officers or employees of West Midlands clinical senate, other NHS organisations, staff, clients, customers and suppliers whose province it is to know the same any confidential information and I shall use my best endeavours to prevent the publication or disclosure of any confidential information by any other person.

The restrictions set out above shall cease to apply to information or knowledge that comes into the public domain otherwise than by reason of my default of this Agreement.

The 'Work' (clinical review) is: SATH ED Rapid Review

Signed _____ Date: _____

Name (caps) _____

Appendix 3

West Midlands Clinical Senate Independent Clinical Review Team Report Template

West Midlands Clinical Senate SaTH ED Rapid Review

[senate email]@nhs.net

Date of publication to sponsoring organisation:

CHAIR'S FOREWORD (Independent Clinical Review Team)

Statement from Clinical Senate Chair

SUMMARY & KEY RECOMMENDATIONS

BACKGROUND

- [CLINICAL AREA]
- [Description of current service model]
- [Case for change]
- [Review methodology]
- Details of approach taken, review team members, documents used, sites visited, interviewees]
- [Scope and limitations of review]
- [Recommendations]

CONCLUSIONS AND ADVICE

[References]

This should include advice against the test of 'a clear clinical evidence base' for the proposals and the other checks defined in the terms of reference agreed at the outset of the review.

Has the proposal been founded on robust clinical evidence? What evidence has been used and how has it been applied to local circumstances?

Has the available evidence been marshalled effectively and applied to the specifics of the proposed scheme?

GLOSSARY OF TERMS

APPENDICES:

Terms of Reference

Independent Clinical Review Team Members biographies and any declarations of interest

Background-

(NB this should be a summary and is not intended to be the set of evidence or information provided)